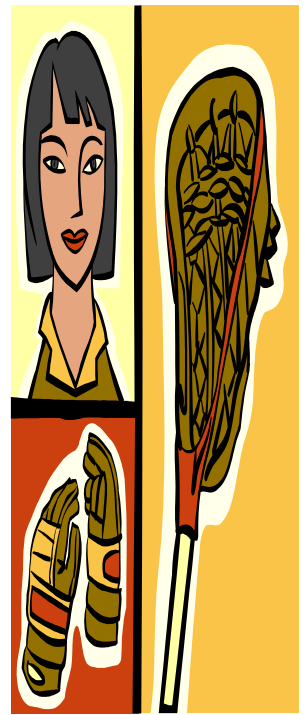


# Girl's Lacrosse Clinic

The **Bridgewater Recreation Department** along with the **Bridgewater-Raritan High School Varsity Lacrosse Coach Kathie DeBonis** will sponsor a youth girl's Lacrosse clinic. Beginners (grades 3, 4 & 5) will learn basic skills... Intermediate players (grades 6, 7 & 8) will learn individual attack and defense tactics along with game strategies. **For any lacrosse questions contact Kathie DeBonis at (908) 231-8255.**



**For:** Girls in grades 3, 4, 5, 6, 7 & 8  
Bridgewater-Raritan Residents

**Date:** Saturday, April 1, 2006

**Time:** 4:15-6:15pm – Participants are welcome to attend the Varsity Team's opening day game against Hillsborough at 2:30pm!

**Location:** Bridgewater-Raritan High School *(outside on school grounds)*

**Inclement Weather:** Call the Code-A-Phone at (908) 526-7107  
or visit [www.bridgewaternj.gov](http://www.bridgewaternj.gov)

**Cost:** \$25.00 check made payable to **“Kathie DeBonis”**

Spaces are limited - registrations based on first come first serve! In-Person and Mail-In registration accepted at the Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road - Bridgewater, NJ 08807 (908) 725-6373. Three ways to register... in-person at the Bridgewater Recreation Department 9am to 5pm Monday to Friday, drop off in the “REC” mail box located around back of the Municipal Building before/after working hours or by mail. All participants will receive a detailed letter approximately two weeks prior to start of the program.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road - Bridgewater, NJ 08807 (908) 725-6373 9am to 5pm Monday to Friday [www.bridgewaternj.gov](http://www.bridgewaternj.gov)

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**Bridgewater Recreation Spring 2006**

\$25.00 Bridgewater-Raritan Residents Check payable to “Kathie DeBonis”

## Girls Lacrosse Clinic

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Parent Work Phone #: ( ) \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Circle

Current Grade: 3 4 5 6 7 8

\_\_\_\_\_  
NParent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road - Bridgewater, NJ 08807 (908) 725-6373 9am to 5pm Monday to Friday [www.bridgewaternj.gov](http://www.bridgewaternj.gov)

